Rhode Island Department of Health
2009 H1N1 Influenza Vaccine Consent Form

Section 1: Information about Child to Receive Vaccine (please print)

STUDENT'S NAME (Last)	(First)	(M.I.)	**STUDENT'S DATE OF BIRTH** **Month_____ Day_____ Year_____**	
PARENT/LEGAL GUARDIAN'S NAME (Last)	(First)	(M.I.)	**STUDENT'S AGE**	**STUDENT'S GENDER** **M / F**
ADDRESS			**PARENT/GUARDIAN DAYTIME PHONE NUMBER:**	
CITY	**STATE**	**ZIP**		
SCHOOL NAME			**GRADE**	

Section 2: Screening for Vaccine Eligibility

If your child has already been vaccinated with H1N1 influenza vaccine, please tell us the number of doses and dates of vaccination.

☐ Dose 1 Date received: Month _____ Day _____ Year _____

☐ Dose 2 Date received: Month _____ Day _____ Year _____

The following questions will help us know if your child can get the 2009 H1N1 influenza vaccine. Please mark YES or NO for each question. If you answer, "YES" to one or more of the following questions, please contact your child's doctor to determine if he/she should be vaccinated at school.

	YES	NO
1. Does your child have a serious allergy to eggs?	☐	☐
2. Does your child have any other serious allergies that you know of? Please list: _____	☐	☐
3. Has your child ever had a serious reaction to a previous dose of flu vaccine?	☐	☐
4. Has your child ever had Guillain-Barré Syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine?	☐	☐

Section 3: Consent

CONSENT FOR CHILD'S VACCINATION:

I have read or had explained to me the 2009-2010 Vaccine Information Statement for the 2009 H1N1 influenza vaccine and understand the risks and benefits.

I GIVE CONSENT to the Rhode Island Department of Health and its staff for my child named at the top of this form to be vaccinated at school. (If this form is not returned to the school, then your child will not be vaccinated.)

Signature of Parent/Legal Guardian _____

Date: Month_____ Day_____ Year_____

Section 5: Vaccination Record

FOR ADMINISTRATIVE USE ONLY

Vaccine	Date Dose Administered	Route	Dose Number (1st or 2nd)	Vaccine Manufacturer	Lot Number	Name and Title of Vaccine Administrator
2009 H1N1	/ /	IM				
2009 H1N1	/ /	IM				